

HANDOUTS AND FORMS AVAILABLE

RECRUITMENT OF PHYSICIANS AND MEDICAL PROFESSIONALS



The National Rural Recruitment and Retention Network (3RNet)

**Tim Skinner, M.S.Ed.
Executive Director**

May 8, 2007

Purpose: Screening, Interviewing, Credentialing

DISCLOSURE QUESTIONS

PLEASE PROVIDE A COMPLETED, SIGNED AND DATED EXPLANATION ON A SEPARATE SHEET IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED IN THE AFFIRMATIVE.

<CLINIC/HOSPITAL> offers of employment are contingent upon successful completion of the referencing process, the National Practitioner Data Base query, the required drug screening, criminal and background checks, appropriate state licensing and successful completion of the credentialing/privileging process. Prior to employment, the appropriate state professional license and the credentialing/privileging process must be completed and approved.

1. ☐ Yes ☐ No Has your **professional license or registration** ever been terminated, stipulated, restricted, limited, conditioned, suspended, revoked, refused, voluntarily relinquished, or not renewed by any licensing board of any health-related agency or organization, or is there a review pending?

2. ☐ Yes ☐ No Has your **DEA registration** ever been revoked, suspended, limited, or conditioned in any way, or have you ever voluntarily relinquished your DEA registration, or is there a review pending?

3. ☐ Yes ☐ No Has your **membership, participation, clinical privileges, or employment** ever been denied, terminated, stipulated, restricted, refused, limited, suspended, revoked, or not renewed by any peer review organization, third party payer, clinic, hospital, medical staff, or any health-related agency or organization, or is there a review pending?

4. ☐ Yes ☐ No Have you ever voluntarily or involuntarily relinquished your **membership, participation, clinic privileges**, or request for privileges, employment, professional license, or registration as an alternative to disciplinary action, or prior to or during an investigation into your professional conduct or competence?

5. ☐ Yes ☐ No Have you ever been reprimanded, censored, or otherwise disciplined by, or have you ever been subject to a corrective action agreement/plan with **any licensing board, peer review organization, third party payer, clinic, hospital, medical staff, or any health-related agency or organization**?

6. ☐ Yes ☐ No Has your certificate or participation in any **private, federal, (i.e. Medicare, Medicaid, etc.) or state health insurance program** ever been revoked or otherwise limited or restricted, or is any investigation or proceeding with respect to any such action presently underway?

7. ☐ Yes ☐ No Have you ever been **convicted of a felony**?

8. ☐ Yes ☐ No Have you ever had any **professional liability claims or lawsuits** brought against you, directly or indirectly, including pending claims or lawsuits, dismissed or dropped claims or lawsuits, settlements or final judgments?

9. ☐ Yes ☐ No Has your **professional liability carrier** ever refused or canceled your coverage?

DISCLOSURE QUESTIONS SIGNATURE PAGE

ATTESTATION SIGNATURE AND DATE

I hereby certify that all the information on this form, and any supporting documentation, is complete, true and accurate.

Signature _____

Date _____

Revised 11/04

<CLINIC/HOSPITAL> IS COMMITTED TO PROVIDING EQUAL EMPLOYMENT OPPORTUNITY TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD FOR RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, HANDICAP, MARITAL STATUS, STATUS WITH REGARD TO PUBLIC ASSISTANCE, OR VETERAN STATUS, AND IN COMPLIANCE WITH FEDERAL, STATE, AND LOCAL LAWS.

Purpose: Screening, Interviewing and I explain that it allows me to call not just the candidates references, but anyone I want to call – Handy when “red flags” are starting wave.

AUTHORIZATION FOR RELEASE OF INFORMATION <Hospital or Clinic Name>

By signing this Authorization to Release Information, I, the undersigned, hereby consent to the inspection by <CLINIC> and its designated representatives of all records and documents that may be material to an evaluation of my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, financial condition or any other matter that may be considered material to my qualification for employment/staff affiliation. I understand that this may include the inspection and/or verification of educational and training records, professional organizational and/or association records, work experience, current and past licensure records, certification records, professional liability insurance records, and contact with personal and/or professional references, National Practitioner Data Bank query (requires DOB and social security number) and any other records or third parties that may have direct bearing upon my application.

Additionally, I, the undersigned hereby release from liability all representatives and agents of aforementioned organization for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from liability any and all individuals and organizations who provide information to this facility's representative(s), in good faith and without malice and I hereby consent to the release of such information.

A copy of this Authorization to Release Information shall be as binding as the original.

 Signature

 Date

 Please print name

 Social Security Number

 Date of Birth (NPDB only)

CV SCREENING MADE EASY

by Chloe Skinner, MultiCare Health System, Tacoma, Washington

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Whether you are an experienced veteran or a new rookie of the recruitment game, the task of weeding through a pile of CV's in response to your latest sourcing campaign can be daunting. The first few are exciting, but then they start coming in faster than you can process them, given all of the other responsibilities that many of us carry in addition to recruiting.

At least, this was my experience. The obvious thing seemed to be to take them all on a first-come, first-served basis and call all those who looked promising. But what if I were missing a really great candidate whose CV came in after I had spent my time working through the possible rejects? How could I pare down the workload to manageable size and select the best matches for the position?

After giving this some thought, and in consultation with our medical director, we came up with the idea of developing a CV screening tool. We listed all of the

requirements for medical group and medical staff membership as the basic criteria all candidates must meet. Then we listed several "red flags" that would prompt us to question the candidate's history, such as "changed residencies," "frequent moves," etc. Next, we instituted a rating scale and made an arbitrary cut off point. In our scale, everyone begins with 100% automatically, by just submitting their CV. Then for every negative answer to the questions on the screening tool, the candidate loses 5%. After scoring everyone, we select those with a 90% rating or above and begin contacting those rated at 100% first and work through the now much more manageable pile in order of their rating.

The tool works great. It saves time, is objective rather than subjective, and eliminates the concern of missing the best match for the position. We have revised and refined the tool over the years until it works well for us when

recruiting for our medical group. We also review the tool and change it as needed to accommodate the desires of other groups we assist in recruitment activities. We find that about 90% of the time the doctors we contact as a result of using this screening tool are a good match for our jobs. And since our medical group is committed to selecting quality providers, we are under no pressure to deviate from the criteria the group has established.

Perhaps you can modify this idea to work for your recruitments and cut your screening time down. I'd love to hear what you think of the idea and whether you plan to use it. My email is Chloe.Skinner@multicare.org. I'll look forward to hearing from you. (The tool is found on pages 6 and 7 of this newsletter.)

Chloe Skinner is Director of Provider Services and Recruitment at MultiCare Health System in Tacoma, Washington. ❖

PHYSICIAN APPLICANT QUALIFICATIONS REPORT

(Step #1: CV Screening Against Predetermined Minimal Group Membership Criteria)

PROVIDER'S NAME: <i>John Doe, M.D.</i>	RATING: <i>100%</i>	MEETS 90% STANDARD? <i>Yes</i>
SPECIALTY: <i>General Nonsense</i>	DATE AVAILABLE: <i>August, 2000</i>	SCREENED BY: <i>Super Recruiter</i>

criteria	circle answer		Comments
1. Does candidate have an MD or DO degree from a U.S. recognized medical School?	<input checked="" type="radio"/> Yes	No	Where? <i>Hannemann University School of Medicine</i> Date Completed? <i>1990</i>
2. Has candidate completed both internship and residency in the U.S.?	<input checked="" type="radio"/> Yes	No	Where? <i>Internship @ Cedars-Sinai Medical School/Los Angeles 90-91 in General Nonsense;</i> <i>Residency @ National Naval Medical Center @ Bethesda, MD;</i> <i>Chief Resident @ Bethesda 96-97</i>
3. Has candidate completed a full residency in the specialty for which the candidate is applying?	<input checked="" type="radio"/> Yes	No	Number of years required: <i>4</i> Number of years completed: <i>4</i>
4. Is the candidate board certified or board qualified for four years or less in the specialty in which candidate is applying?	<input checked="" type="radio"/> Yes	No	<i>Diplomat American Board of Surgery, Certified 6/98</i>
5. Is the candidate a U.S. Citizen, permanent U.S. resident, or have a Green Card?	<input checked="" type="radio"/> Yes	No	<i>Permanent Resident. Family immigrated when he was 3 years old. Grew up in Southern California.</i>

Candidate must meet 100% of criteria 2,3,4, and 5 to qualify. Does applicant qualify?	<input checked="" type="radio"/> Yes	No	If no, end process. Send “continuing search” letter. If yes, continue to screen for red flags.
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“Red Flag” Items	Circle Answer		Comments
a. Does candidate have ties to the area?	<input checked="" type="radio"/> Yes	No	If yes, what? <i>Has friends in Seattle</i>
b. Has candidate made multiple moves and worked in multiple practices within a short period of time (in other than a locum tenens capacity)?	<input checked="" type="radio"/> No	Yes	<i>Is currently in the Navy</i>
c. Has candidate practiced at multiple locations and/or hospitals during solo practice?	<input checked="" type="radio"/> No	Yes	
d. Are there gaps in time between positions, or suspicious time intervals in candidate’s CV?	<input checked="" type="radio"/> No	Yes	
e. Is the candidate currently doing something not trained to do?	<input checked="" type="radio"/> No	Yes	
f. Has the candidate changed residency programs, or have there been any incomplete residencies?	<input checked="" type="radio"/> No	Yes	
g. Does candidate have a license in the state where he/she currently resides?	<input checked="" type="radio"/> Yes	No	<i>California State Medical License #00000</i>
h. Does cover letter and/or CV contain misspellings, grammatical errors, or is it poorly formatted?	<input checked="" type="radio"/> No	Yes	
Subtract 5% for each answer	<input checked="" type="radio"/> Yes	No	Enter overall score and

<p>circled in the right column for questions “a” through “h” above.</p> <p>Does candidate meet standard selection criteria of 90% to 100%?</p> <p>100%</p>			<p>qualification above. If qualified, initiate interview and complete Provider Preference Worksheet. If not qualified, initiate continuing search letter or notify recruiter.</p>
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INTERVIEW/PRE-EMPLOYMENT QUESTIONS

1. Reason for Leaving
2. What do you like best about your current situation?
3. What are you looking for in a new practice?
4. Do you have any special ties to this area?
5. Has your license to practice in any jurisdiction ever been denied, restricted, limited, suspended or revoked, or have you ever been reprimanded by a licensing agency?
6. Have your privileges or membership in any hospital or institution ever been denied voluntarily or involuntarily, suspended, reduced or not renewed, or have disciplinary proceedings ever been instituted against you?
7. Have you ever voluntarily or involuntarily been denied membership, or renewal thereof, or been subject to disciplinary proceedings in any medical organization?
8. Have you ever been convicted of a felony?
9. Have there ever been, or are there currently, any claims, settlements or judgments against you?
10. How will you participate in achieving the goals and objectives of the organization?
11. Can you share with me your philosophy on being a physician?
12. Have you ever discovered a physician or hospital employee who made a critical error, seriously jeopardizing a patient's life? How did you handle it?
13. What are your top priorities right now?
14. How do you see them changing in the future?
15. What are some of the most creative things you have done?
16. Give me an example of how you participated in the goals and objectives of our organization?
17. Have you looked at other practice opportunities to date?
18. What interests you most about this opportunity?
19. Describe your current practice/position.
20. What have you been criticized for during the last four years? Do you agree/disagree? Why?
21. People have different motivations for working; some work for economic security, others enjoy managing, still others wish to create and some may simply aspire to get rich. What is most important to you, and why?
22. Can you tell me a time you've gotten angry at work and how you handled it?
23. Tell me how you worked with support staff in current/previous positions.
24. Tell me what nurses, PA's, NP's, MA's would tell us about you.
25. Tell me about a time you were prevented from doing something, and how you handled it.
26. Give me an example of the most difficult thing you ever had to do in your job and tell me how you dealt with it.
27. What do you dislike doing? Professionally and Personally?
28. If you could structure the perfect job for yourself, what would you do and why?
29. Current Practice: current week office hours/surgery schedule, patients seen per day in office/hospital, average patient charge in office.
30. For Surgical Specialist - How many surgeries do you average in a month?
31. Tell me how you respond when support staff makes a mistake.
32. How many patients do you expect to see a day?
33. How do you solve problems? Give an example of a difficult problem you've come up against and how you handled it.
34. How do you advance your ideas?
35. What are the most important characteristics you are looking for in a job and why?
36. What are the most important rewards you expect from a job?

MEDICAL INTERVIEW QUESTIONS

What questions to ask? It depends! What are your expectations? A common approach is to develop expectations in six areas:

Technical quality -- type/location of training, board status, experience, CME experience, recommendations. You're looking for the ability to "find it and fix it" efficiently and correctly. You should be saving lives as well as money.

Example: Tell us how your background and experience have enabled you to resolve differences in specialty requirements or different expectations between organizations. Give us an example and tell us what happened and how it turned out.

Service quality -- ability to quickly establish positive relationships with patients, family, staff and consultants. What about ability to get "buy-in" from staff to grow the programs? You're looking for someone with very good people skills from the medical and patient perspectives.

Example: Give us an example of a time you had to develop relationships for a project or program that had potential conflict among stakeholders.

Resource utilization – Trying to find how budgets are handled and met. What do you want the administration to accomplish financially?

Example: Tell us how you have managed budgets in your previous position especially as it relates to those times when need exceeds budget.

Productivity/practice management -- revenue projections and expected patient contacts per day, voucher completion. Are you using the person for unassigned patients? Can the person handle 15 contacts/day in a fast-moving environment? Are they going to quickly turn in charges?

Example: Tell us how you practice in your clinical specialty, how you arrange your schedule, and code your visits or procedures.

Peer and staff relationships -- see service quality. These folks are like orchestra conductors.

Example: Tell us about a time you had multiple demands on your time from different groups – all with legitimate concerns.

Write down your expectations for the position and then ask questions to tease out their qualifications and look for a fit.

Purpose: Good information for staff in the facility prior to interviewing – may help avoid illegal or embarrassing questions.

Who Makes the Rules for Interview Questions?

There is no single federal, state, or local agency or court that defines for all cases which interview questions are legal or illegal. Instead, a plethora of court rulings, legislative decisions, agency regulations, and constitutional laws combine to produce the often confusing and frequently changing list of what you can and can't ask a job applicant.

How can you be sure that your list of questions passes legal muster in your locality? We recommend that you write out all interview questions in advance and have them checked by an attorney familiar with labor law at local, state, and federal levels.

What follows are our suggestions for some of the more difficult areas in which you must exercise caution as an employer when formulating interview questions.

Marital Circumstances

Courts have ruled that it's none of your business how many children an applicant has; whether he or she is married, single, divorced, or engaged; whether the applicant plans to become pregnant at any time in the future; how the applicant's spouse or partner feels about overnight travel; or what plans the applicant has made for child-care during the workday.

Appropriate Questions *

- Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
- Do you anticipate any absences from work on a regular basis? If so, please explain the circumstances.

Age

In order to prevent age discrimination in hiring, courts have disallowed these sorts of questions: "How old are you?," "In what year were you born?," "When did you graduate from high school?," and so forth. You do have the right to ask if the applicant meets the legal age requirements for work in your city or state.

Appropriate Questions

- Do you meet the minimum age requirement set by law in our area? If hired, can you produce proof of your age?
- If you are a minor, can you provide proof of age in the form of a work permit or certificate of age?

Disabilities

You are forbidden by law from asking an applicant if he or she has mental or physical disabilities. Nor can you inquire about the nature or severity of disabilities, no matter how apparent they seem to you in the hiring process. Any physical or mental requirements you establish as a prerequisite for hiring must be based on "business necessity" and the safe performance of the job.

Appropriate Questions

- You are *invited*, not required, to indicate whether and to what extent you may have physical or mental disabilities. We want you to know in advance, however, that any information you disclose is voluntary. This information is sought only to remedy discrimination and provide opportunities for the disabled persons. All information you disclose will be kept confidential. If you choose not to provide information, that choice will in no way affect your chances for being hired.
- Will you be able to carry out in a safe manner all job assignments necessary for this position?

Sex and Physical Appearance

You cannot ask questions about the person's sex unless the job specifications strictly require either a male or a female. The burden of proof is on the employer to demonstrate that only a man or a woman can do the job. Beware: courts and the EEOC have interpreted very narrowly the notion that only one sex can perform a particular job. In addition, avoid questions about the person's physical appearance, including height, weight, grooming, and dress unless these bear clearly upon job requirements.

Appropriate Question

- We want you to know that both men and women are being considered equally for this position. As you understand the job requirements, are you aware of any circumstances or conditions that may prevent you from successfully performing the job?

Citizenship and National Origin

You cannot legally inquire into the applicant's place of birth, ancestry, native language, spouse's or parents' birthplace or residence. Nor can you ask directly,

"Are you a U.S. citizen?" or "Do you have naturalization papers?" Prior to the decision to hire, these questions may tend to reveal racial or ethnic factors that may bias the employer. Request names of *persons* to notify in case of an emergency rather than specifying *relatives*. Do not require that the applicant's photograph be submitted prior to the hiring decision.

Appropriate Questions

- Can you, after employment, provide verification of your legal right to work in the United States?
- Do you have language abilities other than English that may be useful in performing this job successfully?
- After hiring, are you aware that a photograph may be required for identification?

Farewell to Seat-of-the-Pants Interviewing

In most companies, the days are gone when an untrained interviewer simply asked whatever came into his or her head. Applicants know their rights to be treated equally and fairly in the hiring process. If they are not hired, applicants understandably scrutinize the hiring process for flaws and inequities. Here's the bottomline message for owners and managers: even one illegal question in a hiring interview can become grounds for expensive legal action against you. For both the applicant's sake and your own, learn the rules of legal interviewing and play by them.

* Because laws affecting selection interviewing change frequently at all levels of jurisdiction in various locales, we recommend that you review these suggested interview questions with your attorney before making them part of your hiring process.

Purpose: Examples of good questions and questions to totally avoid

SAMPLE INTERVIEW QUESTIONS

The way in which **questions** are phrased is very important. The following are examples of acceptable **and** unacceptable **interview questions**. The first question is unacceptable **and** the second one is acceptable.

1. No Are you a U.S. citizen?

 Yes Are you lawfully employable in the United States
 either by virtue of citizenship or by having authorization from the INS
 and the Labor Department?
2. No How old are you?

 Yes Are you over the age of eighteen?
3. No Do you have any children? What are your child care arrangements?

Questions about family status are not job related and should not be asked.

4. No What clubs or organizations do you belong to?

 Yes What professional or trade groups do you belong to that you
 consider relevant to your ability to perform this job?
5. No Have you ever filed a workers' compensation claim?

You may not ask this question or any related question during the pre-offer stage.

6. No What disabilities do you have?

 Yes Are you able to perform the essential functions of the job to which you are
 applying? (be sure you tell the applicant what the essential functions are).
7. No When did you graduate from high school?

 Yes What schools have you attended?
8. No What is your maiden name?

 Yes Have you ever been known by another name?

(Only ask this question if you need to contact a former employer, because a **legal** liability may exist if an applicant claims that you were trying to determine her ethnic background **and** consequently didn't hire her because of it.)

9. No Do you smoke?

 Yes Our smoking policy is such -- can you adhere to it?

(Be aware of any state laws that relate to smoking. Some states prohibit an employer from excluding applicants for off the job smoking.)

10. No Do you have AIDS or are you HIV-positive?

There is no acceptable way to inquire about this, or any other medical condition.

Purpose: Dual purpose – can be used with a practicing physician who leaving a practice. Can be adapted to YOUR practice to ask when a physician leaves.

PHYSICIAN EXIT INTERVIEW

Date:

Interviewed by:

PHYSICIAN:

SPECIALTY:

CLINIC AFFILIATION:

DATE OF HIRE:

DATE OF DEPARTURE:

LENGTH OF MEETING:

What prompted your decision to leave (community)?

What made it difficult for you to make the decision to leave?

What made it easy for you to make the decision to leave?

Do you feel like the community supported your practice?

Do you feel like the hospital supported you in your practice?

Do you feel like your colleagues supported you in your practice?

What is your opinion of the hospital representing the interests of the medical staff?

Looking back at your years on the medical staff in (community), what are some strengths and weaknesses of the medical staff and staff at the hospital?

Purpose: Sample questions – not necessarily good or bad. Please adapt them to fit your needs

THE INTERVIEW:

18 QUESTIONS PHYSICIANS ARE LIKELY TO BE ASKED OR YOU SHOULD BE ASKED

1. Tell me about yourself.
2. Why are you interested in practicing here?
3. Why did you choose - - - as your specialty?
4. Why should we hire you?
5. What are your long-term goals? Where do you see yourself in 10 years?
6. What is your greatest strength?
7. What is your greatest weakness?
8. What are your compensation and benefit expectations?
9. What is important to you in a practice?
10. What do you do in your personal time?
11. Which feature of this practice interests you the most?
12. Which feature of this practice interests you the least?
13. How do others describe you?
14. What are your plans for continuing your studies?
15. Tell me about your training and with whom you studied.
16. How would you describe your style of medicine?
17. Are there any particular types of patients that you would like to care for?
18. Do you have any particular special interest or skills that you could contribute to the practice?

Purpose: Remember the slides about what in-house recruiters teach residents about the job search? These are the kinds of questions you might be asked.

QUESTIONS PHYSICIANS SHOULD ASK ABOUT PRACTICE OPPORTUNITIES OR QUESTIONS THAT MAY BE ASKED

1. What are the long-term goals of the practice with regard to type of practice, number of physicians and type of patients you would be seeing?
2. How would the practice describe its style of practice?
3. What are the practice's philosophies about treatment protocols and care plans of patients?
4. How do the practice members feel about certain ethical considerations in the treatment of patients?
5. What are the practice members' levels of training and expertise?
6. In what other medical activities are the practice members involved?
Part-time teaching appointments? Specialty society activities?
7. How is the practice thought of in the community? By other physicians? By patients?
8. What is the evening and weekend call schedule?
9. What is the typical patient load for each physician?
10. To what types of patients will you be providing care? What types of procedures do you perform in the office? In the medical practice, to what types of patients would you provide care and which patients would you refer to another physician in the practice?
11. How are the decisions made in the practice?
12. Can you eventually have an ownership position in the practice?
13. What type of facilities does the medical practice have?
14. What type of medical equipment is available for your use?
15. What types of third party payment arrangements do the patients have?
16. At which hospitals do you have staff privileges? Are other specialists readily available for referral to and from you?
17. Does the medical practice appear to be well managed and financially sound?
18. Do any of the physicians' spouses work in the practice?

Purpose: Oh those pesky behavioral questions – actually it is important to develop questions that really reflect the needs of your practice to include the culture of the organization.

Generic Competency Behavioral -Based Questions

Decision-Making	
Definition: Analysis, Problem Solving and Decision Making	<ul style="list-style-type: none"> • Able to use a process or method to problem solve. • Anticipates and identifies problems; thoroughly analyzes available information and makes timely, practical decisions.
Sample Questions:	<ul style="list-style-type: none"> • What process do you normally use in making a decision? • How do you assess the effectiveness of a decision after you've made it? • What are one or two of the most important decisions you've ever made? • What process did you go through in making them? How did that process influence the ultimate outcome? • Give an example of a time in which you had to be relatively quick in coming to a decision. • Tell me about a time when multiple deadlines were given to you by different people. • What did you do? • Describe an instance when you had to think on your feet to manage a difficult situation.

Development	
Definition: Maturity, Growth Orientation, Positive Attitude, Flexible, Initiates Self-Development and is eager to learn	<ul style="list-style-type: none"> • Initiates and takes responsibility for own development. • Stays abreast of needed skills appropriate for development. • Actively solicits feedback on performance and results.
Sample Questions:	<ul style="list-style-type: none"> • What is the best development you experienced as a medical student? • Tell me about a time you may have had to assist a less experienced person in their own development?

	<ul style="list-style-type: none"> • Describe a time when you made a mistake. How did you deal with it? • Tell me about a situation when you needed to learn a new skill or set of information to accomplish a task. • What did you do to initiate your own self-development in this area? • Tell me about a situation when you had to go above and beyond the call of duty in order to get a job done?
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COMPETENCIES - Cont.

Leadership	
Definition: Leadership, Willing to Teach Others and is Role Model for Others	<ul style="list-style-type: none"> • Demonstrates initiative and innovation in achieving results. • Consistently accomplishes the expected tasks and takes on extra work as necessary. Maintains a positive, achievement-oriented attitude and influences others to do the same. • Demonstrates effective team leadership. • Demonstrates high ethical standards and personal integrity.
Sample Questions:	<ul style="list-style-type: none"> • On a scale of 1 -10, how would you rate yourself as a risk-taker? Give an example in your personal, academic, or personal life where you have taken a risk? Why was it a risk for you? • What was the most significant impact your leadership had on others and why? • How do you get others to do what you think is important? • When working on a team, what role do you usually take? Why? • Describe a situation with a patient in which you were responsible for that persons care. <ul style="list-style-type: none"> • What was your responsibility? • What went well? • What could you have done different? • What was the impact of your leadership? • Tell me about a situation when you had to take the lead on a project or activity. What did you learn and what was the outcome? • Give an example of a time when you needed to resolve an interpersonal problem among a team or workgroup.

Management of Resources	
Definition: Uses time wisely, willing to seek support, and has the ability to prioritize	<ul style="list-style-type: none"> • Uses available resources efficiently (e.g., time, equipment, colleagues). • Is well organized and focuses on the highest priorities first. • Achieves appropriate level of knowledge and training.
Sample Questions:	<ul style="list-style-type: none"> • What process do you use to establish priorities? • Tell me about a time you were not able to complete your responsibilities during a busy time? • How do you pull together resources (people) during peaks? • Describe an experience in which you accomplished this. • Has there been a time where you had to organize/complete your work during a certain timeframe? How did you manage this challenge?

COMPETENCIES - Cont.

Commitment to Health Issues	
Definition: Commitment to Pediatric Medicine, Children's Healthcare issues and making contributions to the CCMC Organization	<ul style="list-style-type: none"> • Has a strong interest in health care issues. • Demonstrates dedication to the medical field. • Contributes to the success of the program, organization, etc. • Commits time to outreach and community programs.
Sample Questions:	<ul style="list-style-type: none"> • Why did you choose to apply to this program? • When you did your clerkship and electives in medicine, what was it that piqued your interest? • What is important to you in a pediatric residency program? • What would you like to avoid? • What are your long-term goals for practice? • What are your academic or research interests?

Communication	
Definition: Listens well,	<ul style="list-style-type: none"> • Interacts effectively at different levels and with different audiences (colleagues, patients, etc.) • Listens carefully and attentively; encourages and accepts others points of view. • Asks questions to clarify expectations and issues. • Represents the hospital in a positive and professional manner. • Takes initiative to keep others informed.
Sample Questions:	<ul style="list-style-type: none"> • Describe a situation when you and another person were having trouble understanding each other, i.e., not communicating. How did you resolve it? • Tell me about a time you had to be an effective communicator? • What were your strengths in this situation? What would you have done differently? • Describe a situation in which you persuaded someone to do something they were reluctant to do. What was the outcome? • Have you had an experience speaking in front of others? If so, describe the circumstances. How comfortable were you? • Are you a good listener? Provide an example when you had to listen to someone and reiterate what the person said. • Describe a situation when your ideas conflicted with another person. What did you do in this situation?

COMPETENCIES – Cont.

Building Teamwork	
Definitions Strong Interpersonal Skills, Builds Relationships	<ul style="list-style-type: none"> • Develops effective working relationships with others. • Solicits, accepts and provides constructive criticism. • Effectively resolves individual conflicts. • Encourages, incorporates, and provides other points of view.
Sample Questions:	<ul style="list-style-type: none"> • Have you been a situation where you had the opportunity to establish credibility and trust in working with others? • Describe a situation where you were a team player? Describe different roles you have taken in a team environment. • Describe a successful negotiation in your personal life, medical school, etc. • Describe a discussion that could have gone better. How could you have improved the results? Describe a situation

	<p>where you effectively incorporated the help of others to complete a task. What are the ways you would inspire/motivate others as team player? Provide an example.</p> <ul style="list-style-type: none"> • We all find some people difficult to work with. Tell me about one of the more difficult people you've had to work with.
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Adaptability	
<p>Definition:</p> <p>Patient, Tolerant and Ability to Manage Stressful Situations</p>	<ul style="list-style-type: none"> • Adapts well to new situations (personality/work styles) and new situations. • Deals effectively well with ambiguity, stress, and uncertainty. • Recommends new ideas to make smoother transitions. • Effectively handles a variety of priorities.
<p>Sample Definition:</p>	<ul style="list-style-type: none"> • Describe a situation in which you anticipated a problem. • How do you handle ambiguity? What do you do to minimize stress in your job? • Describe the different types of patients you have had. How were they different? How did you communicate with them? What types of hospital settings have you worked in? Which setting do you best perform? • Describe a stressful situation during an elective. How did you manage it? • Provide examples to support how you are able adapt to a wide variety of people, situations and environments. • Virtually all jobs have stresses associated with them. What kind of pressures or stresses have you faced in your present position? • Describe a situation when you remember getting frustrated or impatient with someone in a work situation. How did you deal with this situation?

Purpose: The practice has decided to add a provider, RN, Pharmacist, Social Worker, etc. This is a guide to develop the criteria and needs for the recruitment plan.

Practice Questionnaire for Recruitment

Practice/Physician:

Date:

Specialty:

Why are you looking for someone?

What type of candidate are you looking for?

Please list the current members of your group? Include age, tenure, and board certification.

(Attach updated CVs if available)

Do you have a physician assistant and/or nurse practitioner working for you?

What is the current level of your office and hospital patient volume?

Total number of patients/active charts:

Number patients seen/day:

What are your office hours?

Any evening or week-end hours?

What is your patient mix?

Medicare:

Medicaid:

Commercial and Private Pay:

Is your practice closed to new patients? If yes, for how long and how many patients per week would you estimate are being turned away?

Are there any specific areas of interest or procedures in your practice style?

How large is your office space? Will it be adequate for staff expansion?

What procedures (lab, diagnostic, etc.) are done in the office?

Is it your intention to acquire an associate as a replacement for yourself in your practice in the near future.

What will be offered to a new associate in terms of compensation?

What would you estimate a new physician's income potential to be for the first year?

Will the physician be on a net income guarantee for the first year? for the second year?

What benefits will be offered? Please indicate amounts where appropriate.

Health Insurance

Life Insurance

Disability Insurance

Retirement

Malpractice

Vacation Days/Year

Education Days/Year

Personal Days/Year

Dues for Professional Organizations

Education Loan Assistance

Any other benefits?

Equipment Provided, i.e., auto lease, communication equipment, etc.

Is there a productivity bonus? If yes, what?

How long before partnership?

Is there a buy-in? If yes, what?

Is there a restrictive covenant if someone leaves the practice?

Has a contract or letter of intent been developed? If so, please attach.

How soon do you want someone?

Do you practice at more than one hospital? If so, where? (Include clinics also.)

What is the call schedule and with whom do you cover?

Please list any other information that you feel is important to obtain the right physician (use back of form if necessary); i.e. procedures, etc.

Why do you think candidates will be very interested in this position?

What are the biggest hindrances to recruitment?

Thank you for taking the time to complete this questionnaire. The information is confidential and will be used only as a tool in our search process.

I acknowledge the above information to be a reasonably accurate presentation of my practice. I understand and agree that I/my colleagues will be involved in the recruitment and interview process.

Date Received:

Signature :

PHYSICIAN RECRUITMENT IS RETENTION

Tim Skinner, Executive Director, National Rural Recruitment and Retention Network
Background

Physician recruitment is becoming more costly and more intense because of supply and demand issues and/or maldistribution.

Younger physicians work differently than predecessors with more the need for time off. The costs to recruit physicians, is estimated to be \$20,000 to \$40,000 with the average at about \$30,000.

2003 surveys indicate that 85% of hospitals and clinics in the US are recruiting.

Nationally, a 2004 survey of physician turnover rate was 9%, but in small groups it was less than 5%. However, 54% of physicians in moved in first five years of joining a group.

Turnover – discussion and causes as reported in selected articles

Turnover rates among professionals, including physicians, are highest during the first three years of employment. Retention planning needs to be especially active during those first three years of practice. Relationships with the leadership, support staff and other physicians, practice development and personal adjustment to new environment are critical to the discussion. Health care and medicine today can create dissatisfaction. Does the organizational structure, decision making and processes contribute to dissatisfaction?

Causes of Turnover

- The practice was different than expected or explained
- Poor or lack of feedback during the first crucial months
- Desire to be closer to family or lack of perceived activities for singles/families
- The physician and family never become a part of the community
- Rural American didn't turn out to equal the dream of small town living
- Lack of control over the practice - scheduling, referral authorization, being excluded from the decision-making process, etc.
- Lack of two-way communication, not being invited to participate in discussions involving the practice
- Lack of appreciation in general
- GAP – there is a “gap” between real or perceived expectations and reality

RETENTION IS PART OF A PROCESS, NOT AN UNRELATED EVENT

Physician retention begins with strategic planning, provider needs assessment, a recruitment plan, interviewing, hiring and orientation. The retention plan should be an integral part of the recruitment/interview process.

- Strategic planning tells the organization where it is going and how it will get there.
- Needs assessment should review efficiency issues, patient volumes and types of patients, market share, and determine the type of provider who will fit that need (associate staff or medical staff).
- Recruitment planning includes sourcing, practice description, criteria for hire, and “fit”.

- Interviewing process should be defined as part of the planning. Keep the surprises to a minimum (any on-going issues will rise to the top during recruitment).
- Hiring should move the new physician smoothly into relocation and orientation.
- Orientation is step one in developing a retention plan that is part of a total process, which includes a feedback loop (exit interviews, succession planning and the strategic plan)

RECRUITING AS RETENTION

- Define the criteria of skills and requirements for the group
- Screen candidates for the best all around “fit” based on criteria and knowledge of the organization and service area
- Establish common expectations during the interview and discuss before an offer is made (i.e. patient load, call schedule, committee time, timeframe to a full practice, etc.) Remember the GAP
- Offer significant other support
- Integrate retention into the interview process. Discuss with staff and candidate that one of the primary goals of the recruitment process is retention

RETENTION PLANNING

The key to physician retention is to maintain regular contact with physicians and their spouses/significant others to stay abreast of how they are adjusting, and to anticipate any problems that may develop. The most critical element in any retention plan is a mechanism to “check in” on the physician’s expectations.

Recruiting cannot be considered completely successful until the physician is on staff and productive to the point of providing a service to the community and producing enough revenue to support the new practice. Therefore, the recruitment function should include responsibility for seeing that the physician and his or her family are not only recruited, but are successfully acclimated to their new location.

Keep in mind the needs of physicians’ spouses and families because frequently physicians’ satisfaction depends on their families’ adjustment.

Retention efforts will not be wasted because it is far less costly to save one promising recruit than to find another.

ORIENTATION IS THE FIRST STEP IN A RETENTION PROGRAM

Common to almost all active retention plans are both professional and personal issues and activities.

- Orientation is step one in retention
- Professional mentor
- Social mentor
- One to three year plan, with less frequent direct involvement over time
- Plan is in writing, supported by leadership and process is tracked
- Organizational commitment is clear
- Long term follow up for three years

All retention plans have similarities, but variations should reflect organizational differences.

- CEO calls or sends a note welcoming the physician to the practice
- Recruit staff select Mentors (Professional and Social) for the new physician
- Recruiter sends the Physician Mentor a copy of the Physician Mentorship Program and expectations
- Recruiter sends a note to the new physician advising them that a Mentor physician will be contacting them
- Offer Social Mentor program to the new physician's Spouse. If interested in participating, select a Mentor (not all will want this – respect the decision)
- Department/Clinic orientation involves the new physician with issues regarding equipment, office space, scheduling, support staff, business cards, etc
- Recruiter keeps in touch with the physician and spouse to “check in” on relocation preparations
- Physician Mentor should call the new physician to keep him/her informed of developments in the group and/or department before their arrival
- Ensure the physician's office and exam rooms are ready
- Marketing sends announcement introducing the new physician to the clinic and system

Start of Year 1

- Recruiter calls to welcome physician and their family within the first week of relocation.
- Sends a “Welcome” basket to the home on the new physician's first day of work
- Social mentor calls to welcome spouse/family within the first week of relocation
- Physician orientation schedule starts on first day
- Physician Mentor meets with new physician on first day
- Orientation/retention schedule includes essential people as outlined in organization policy, Mentor, CEO, Medical Director, Department Chair, Directors, etc
- Recruiter works with the Social mentor to organize appropriate activities, if desired by incoming family

Monthly the First Year:

- Monthly meetings with identified department chairs, VPs and mentor as identified in plan. Develop and offer feedback on practice development and discuss problems or any other topics relevant to their situation
- As information becomes available, tracking of patient volume, revenue and expenses. After three months, Quarterly meetings for the remainder of the first year. 15-minute meetings
- Physician Mentor meets with new physician monthly to continue to provide information, guidance and support. The two physicians can determine meeting time. However, requires physician recruitment office to track and document
- Marketing of practice or outreach needs to be incorporated into the process
- Recruiter calls the Spouse to see how family is adjusting to the community, and to integrate the Social mentor

- Social mentor calls the spouse to plan activities, check in, etc
- Recruiter meets with the new physician after two months to see if recruitment expectations meet reality
- Recruiter surveys both new physician and spouse during first six to twelve months to see what improvements could be made in the relocation and practice orientation/retention processes for future implementation
- Annual meeting with the System CEO or Senior Medical Leadership

Year 2

- Define meetings with the Physician Mentor
- Define meetings with the CEO and leadership
- Recruiter follows up with the CEO, mentors, Department Chairs to ensure that schedule is being followed

Year 3

- Define meetings with the Physician Mentor
- Define meetings with the CEO and leadership
- Recruiter follows up with the CEO, mentors, Department Chairs to ensure that schedule is being followed

Post-Employment Phase

Identified leadership within the organization should conduct exit interviews with physicians who voluntarily leave the organization. If information revealed in these sessions indicates a pattern, it should be shared with the recruiter if that information can be used to improve the Physician Retention Plan.

SUMMARY

Physician retention programs have evolved since about 1990. At that time Carle Clinic, Gundersen Clinic and the Virginia Mason Clinic appeared to be developing retention programs at the same time. The three organizations shared information as the programs tended to be similar.

Generally, physician retention programs have a lot in common, but need to be developed to meet the needs of specific organizations.

Common to most retention plans are both professional and personal issues and activities.

**Strategic planning is both the start and finish of staff development
Needs assessments need to review efficiency, patient seeing time, quality, access, market share, population, type of provider or physician and more
Recruitment process is defined**

Position description developed
Sourcing plans developed
Recruit to retain
Screening and referencing is clarified
Interview process is defined
Offer, compensation and benefits are clear
Relocation process is clear
Orientation is retention
Professional mentor
Social mentor
One to three year plan
Tracking system – who will monitor the process and will leadership make it clear that retention is a priority in the new physician or provider schedules?

RETENTION IS A PROCESS, NOT AN UNRELATED EVENT

RESOURCES

www.aspr.org Excellent source for information and resources, should be the first stop in search for information

www.merrithawkins.com Surveys published each year relating to compensation

www.mgma.com Always a good source for various articles and resources

www.iphca.org Illinois Primary Health Care Association

- “Finding MD to Join Practice Takes Time and Money”, OB.GYN News and Family Practice News August, 1990, interview of Tim Skinner
- “The Future of In-House Recruitment”, Unique Opportunities, May/June, 1992, Tim Skinner
- “Physician Retention”, Presentation, NAPR Annual Convention, April, 1994, Susan Esposito, Jann Johnson, Nada Shaw, Tim Skinner
- Health Care Advisory Board Report, 1996
- “Retention”, Presentation, ASPR Annual meeting, August, 1996, Christine Bourbeau, Tim Skinner
- “Retention – You Got ‘Em, Now keep ‘Em” ASPR Annual Meeting, July, 1998, Kurt Scott
- Recruiting Physicians Today, Volume 11, No. 4 July/Aug 2003, Physician Recruiting: Costs and Rewards, Broxterman and Smith
- “2004 Physician Retention Survey”, AMGA and Cejka
- “Medical Staff Retention”, ASPR, Vol. 11 No. 4, Winter 2004-05, Tim Skinner

MENTORING

Professional Mentor

In general, the mentor is another provider who has experience in the organization to assist the new physician/provider in all aspects of beginning a successful and rewarding practice.

Medical leadership and administration will choose the mentor. The mentor may have developed a positive relationship with the new staff member during the recruitment process or have an interest in helping to integrate new staff into the department.

During the first six months of employment, the mentor should informally, but regularly, meet every week for the first month with the new provider and then every 2-3 weeks thereafter.

Activities

I. Introductions

- Support Staff in Department by Chair or Section Chief
- Lab/Pathology
- Radiology
- Surgical staff if appropriate
- Appropriate hospital units
 1. Health Unit Coordinator
 2. Nursing Staff
 3. Protocols
- Noon conference
- Others as appropriate
- Walk through the cafeteria
- Hey, where's the restroom?

II. Potential topics of discussion

- Medical equipment issues
- Referring physicians
- Relationships with other departments
- Office supplies & equipment
- Coding/ charge slips
- Dictation/Medical Records
- Understanding the service area
- Relationships with other departments/affiliated clinics and programs

III. Other Support

- Serve as a sounding board for concerns
- Assist with "New Kid on the Block" syndrome. (Recognize that new physicians may be hesitant to make suggestions or ask questions because they are new – even experienced physicians)

Professional Retention Plan

Week 1: Department Chair, Defined Orientation and Mentor meets weekly the first 2 months

Weeks 2-4: Medical Vice President or Medical Director, Recruiter

Weeks 4-6: Department Chair and Administrator, Recruiter

2 Months: Vice President and Administrator

3 Months: Department Chair and Administrator
 6 Months: Vice President, Recruiter
 6 Months: Department Chair & Administrator
 9 Months: Mentor
 1 Year: Vice President, Medical Director, Recruiter

RESOURCE COUPLE AS MENTORS

The resource couple or resource individual is a volunteer who has the opportunity to assist new providers and/or families with integrations into the community. The couple or resource person can help the new provider/family meet others in the communities who have similar interests. Also, they can help locate services, activities and programs that will assist with adjustment and integration into our community. The couple will be selected by leadership and the moving date, start date, and phone number will be provided.

Not all relocating families will desire a mentor.

Responsibilities

- Contact new couple to welcome them to medical community and area within the first 1 – 2 weeks.
- Arrange a community outing within 2 – 5 weeks.
 (i.e. Dinner, Chamber of Commerce Dinner, Sporting Events, or small in home gathering)
- A second community outing in 6 – 8 months is encouraged.
- Offer to take physician/family to clinic or hospital sponsored activities and parties.
 (i.e. Annual picnic, holiday parties, fundraising events)

Clinic or hospital will reimburse pre-determined activity costs incurred by the resource couple. Copies of receipts for any activity should be sent within two weeks of the activity, if possible, for reimbursement.

Social Retention Plan

Prior To Arrival: Local News Paper/Phone Book., Interest Survey, Resource Couple Established

1st Week: Plant Home

2 – 4 Weeks: RC Contact

4 – 6 Weeks: RC Outing

Summer: Picnic

Fall: Sociable

Fall: RC Outing

Holidays: Fruit Basket

December: Medical Staff Event

January: Employee Holiday Party

